

IPW

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

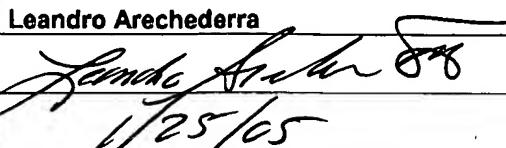
19

| | | | |
|--|--|------------------------|-----------|
| Total Number of Pages in This Submission | | Attorney Docket Number | 98B037A/2 |
|--|--|------------------------|-----------|

ENCLOSURES (check all that apply)

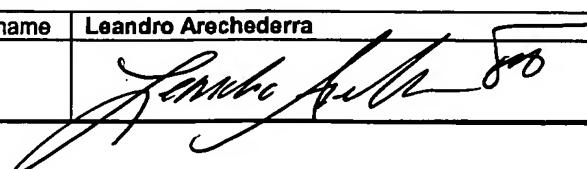
| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Documents) | <input checked="" type="checkbox"/> Terminal Disclaimer | Postcard, Amendment Transmittal Letter, Terminal Disclaimer to 6,372,847 and Terminal Disclaimer to 6,245,856 |
| <input type="checkbox"/> Response to Missing Part/ Incomplete Application | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|------------------|
| Firm or Individual name | Leandro Arechederra | Registration No. |
| Signature |  | 52,457 |
| Date | 1/25/05 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence is being hand delivered to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

| | | | |
|-----------------------|---|------|---------|
| Typed or printed name | Leandro Arechederra | | |
| Signature |  | Date | 1/25/05 |

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Sudhin Datta, et al.

Docket No.

98B037A/2

| | | | | | |
|-------------------------------|-----------------------------|------------------------------|-----------------------|------------------------|--------------------------|
| Application No. 10/613,374 | Filing Date July 3, 2003 | Examiner Nathan M. Nutter | Customer No. 23455 | Group Art Unit 1711 | Confirmation No. 7189 |
|-------------------------------|-----------------------------|------------------------------|-----------------------|------------------------|--------------------------|

Invention: **Plastic Blends Comprising Crystalline Polymer And Crystallizable Polymers Of Propylene**

JAN 25 2005

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|------------|-------------------|
| TOTAL CLAIMS | 58 - | 31 = | 27 | x \$50.00 | \$1,350.00 |
| INDEP. CLAIMS | 12 - | 3 = | 9 | x \$200.00 | \$1,800.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$3,150.00 |

No additional fee is required for amendment.

Please charge Deposit Account No. 05-1712 in the amount of \$3,150.00

A check in the amount of _____ to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 05-1712

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 CFR 1.17.

Payment by credit card. Form PTO-2038.

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Signature

Leandro Arechederra

Registration No. 52,457

ExxonMobil Chemical Company
P O Box 2149
Baytown, Texas 77522-2149

cc:

Dated:

1/25/05

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

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Doc Code:

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **\$260.00**
Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 10/613,374 |
| Filing Date | July 3, 2003 |
| First Named Inventor | Sudhin Datta, et al. |
| Examiner Name | Nathan M. Nutter |
| Art Unit | 1711 |
| Attorney Docket No. | 98B037A/2 |

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Deposit Account Number: 05-1712 Deposit Account Name: ExxonMobil Chemical Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

| | |
|-----------------|---------------------|
| <u>Fee (\$)</u> | <u>Small Entity</u> |
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
| 360 | 180 |

Multiple dependent claims

| | |
|-----------------|----------------------------------|
| <u>Fee (\$)</u> | <u>Multiple Dependent Claims</u> |
| | |

| | | | | | |
|---------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| | - 20 or HP = | x | \$50.00 | = | \$0.00 |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| | - 3 or HP = | x | \$200.00 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | / 50 | (round up to a whole) | x \$250.00 | = \$0.00 |

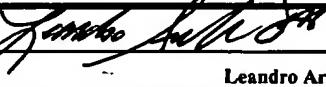
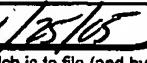
4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): 2 Terminal Disclaimer Fees @ \$130.00 each

\$260.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|---|
| Signature |  | Registration No. (Attorney/Agent) | 52,457 | Telephone | 281-834-2173 |
| Name (Print/Type) | | Leandro Arechederra | | Date |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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